



New Hampshire
Racing and Charitable Gaming Commission
21 S. Fruit Street, Suite 16
Concord, New Hampshire 03301-2428
Telephone (603) 271-2158 Fax (603) 271-3381
<http://www.racing.nh.gov>

Date _____
License # _____
Clerk _____

Supplemental Application Form for Pari 605.26

Horse Racing Vendor 20 _____

1. Full Name: _____

AS IT APPEARS ON LINE 1 OF YOUR OCCUPATIONAL LICENSE APPLICATION PARI 605.05

2. Name, address, and telephone number of the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure:

3. Does the applicant possess a written, executed contract with at least one stable, or with a licensee under RSA 264:15-a, to sell goods or services at the racing premises where the stable will operate or which is operated by the licensee under RSA 284:15-a ? ☐ Yes ☐ No

4. If yes to question (3) above;

a) Name of each licensee or stable with whom the applicant possesses a contract; and

b) Name of each racing premises at which the applicant will act as a vendor;

5. List the goods and / or services that the applicant will offer for sale;

6. Has the applicant submitted the list referred to in (5) above to the licensee under RSA 281:15-a at whose racing premises the vendor will operate? ☐ Yes ☐ No

7. State the precise location on the racing premises where the goods and / or services will be offered for sale;

8. Has the applicant submitted the statement referred to in (7) above to the licensee under RSA 281:15-a at whose racing premises the vendor will operate? ☐ Yes ☐ No

***** PLEASE NOTE *****

I hereby certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RSA 641:3, making a false statement on this application form is punishable as a crime.

APPLICANT OR APPLICANT'S DULY AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE OF SIGNATURE